

All areas must be completed or form will be returned.

1st application Adding dependent Effective date: _____

1. Employee information

Employer name Town of Ocean City		Plan number 933637	Division number	
Part-time employment date (mm/dd/yyyy)		Full-time employment date (mm/dd/yyyy)		
Job title			Hours worked per week for this firm	
Employee name (first, middle initial, last)				<input type="checkbox"/> Male <input type="checkbox"/> Female
Street address		City	State	Zip code
Social Security number		Date of birth (mm/dd/yyyy)	<input type="checkbox"/> Single <input type="checkbox"/> Married	

2. Dependent information

List all dependents to be covered

Dependent's name (first, middle initial, last)	Date of birth (mm/dd/yyyy)	Relationship to employee

3. Coverage information

I am applying for:

- Employee Dental only
- Employee and Spouse Dental
- Employee and Child(ren) Dental
- Family Dental

I am not applying for the following eligible coverage(s):

<input type="checkbox"/> Employee Dental	Reason:
<input type="checkbox"/> Spouse Dental	Reason:
<input type="checkbox"/> Child(ren) Dental	Reason:

4. Signature and authorization

PLEASE READ CAREFULLY: I wish to apply for coverage under the dental plan administered by Sun Life Assurance Company of Canada. I authorize my employer to deduct premiums from my earnings.

I have reviewed the following treatment plan. I understand that I am responsible for all costs of dental treatment. When necessary, I may be asked to execute a HIPAA authorization form, allowing Sun Life Assurance Company of Canada to use and disclose protected health information. I have read or had read to me the fraud warning for my state.

Print name of authorized person	Phone number
Signature of authorized person X	E-mail address
Print name of authorized person	Phone number
Signature of authorized person X	E-mail address

FOR COMPANY USE ONLY:

Effective date	Date received
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Contact us

-  **By mail**
Sun Life Assurance Company of Canada
P.O. Box 981624
El Paso, TX 79998-1624
-  **By fax**
816-474-2422
-  www.sunlife.com/us
-  Customer Service **800-247-6875** M-F 8:00 a.m.-8:00 p.m., ET

Administrative Services Only services for self-funded dental plans are administered by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York. In New York, they are administered by Sun Life and Health Insurance Company (U.S.) (Lansing, MI).

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